



State of New Hampshire 2014 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2014

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/14/2014

Business ID: 229344

William M. Gardner

Secretary of State

BEST SEPTIC, INC.

109 FLAGG ROAD
LOUDON, NH 03307

ADDRESS OF PRINCIPAL OFFICE:

109 FLAGG ROAD
LOUDON, NH 03307

REGISTERED AGENT AND OFFICE:

JOHNSON, PAUL K
109 FLAGG ROAD
LOUDON, NH 03307

ENTITY TYPE: CORPORATION

BUSINESS ID: 229344

STATE OF DOMICILE: NEW HAMPSHIRE

PROVIDE GOODS & SVCS RE SEPTIC SYSTEMS & PORTABLE CHEM.
TOILETS

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. Paul K. Johnson

STREET 109 Flagg Road

CITY/STATE/ZIP Loudon Nh 03307

TREAS. Darlene M Johnson

STREET 109 Flagg Rd

CITY/STATE/ZIP Loudon Nh 03307-1003

SEC'Y. Darlene M Johnson

STREET 109 Flagg Rd

CITY/STATE/ZIP Loudon Nh 03307-1003

V-PRES. Eric M Johnson

STREET 9 Clough Pond Rd

CITY/STATE/ZIP Loudon NH 03307

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Paul K. Johnson

STREET 109 Flagg Road

CITY/STATE/ZIP Loudon Nh 03307

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Darlene M Johnson

Please print name and title of signer:

Darlene M Johnson

/

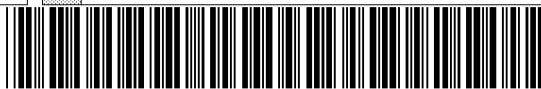
SECRETARY

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



022934420141002

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301